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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	11971	
Facility Name:	Citrus Valley Medical Center - QV Campus	
Address:	1115 S. Sunset Avenue	
City:	West Covina	
Hospital Owner/Lice	ensee: Citrus Valley Health Partners	
. 100p.tai. 0 111101/ <u>-</u> 101		
Year of Rep	porting: 2010	
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Add	dress::	
Name of Sub	Domitter: Joseph La Brie, MakeltRight, Inc	
Submission	n Date: 1/18/2011 12:01:34 PM	

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Buildi	ng Name: Main Building		
Type of Service Prov	<u>rided</u>	·		
X Nursing	Inpatient Beds	215 Inpatient 25859 Days	X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby
X Pediatric/Adol escent	Inpatient Beds	18 Inpatient Days 1944	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	X Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02 Building Name: Service Building								
Type of Service Prov	<u>rided</u>							
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery				
		Total Beds this Building	Cesaleal/Deliv	X Central Plant				

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildi	ng Name: South Wing Addition								
Type of Service Provided										
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery						
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby						
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency						
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine						
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy						
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis						
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 0	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery						
		Building	JOSAICAII/ DOIIV	X Central Plant						

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01	Building Name:	Main Building		
Medical / Surgical (Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 197 Bed	Inpatient 2206 Days 7	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	• Newborn	Intermediate Card	
Inpatient 18 Bed	Inpatient 1944 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 1:	2 Inpatient 2465 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 6 Bed	Inpatient 1327 Days	Inpatient Bed	0 Inpatient 0 Days	233	197

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	02	Building Name: Serv	vice Building		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	03	Building Name:	South Wing Addition		
Medical / Surgical	(Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Building	
02	Service Building	П
03	South Wing Addition	П
05	Outpatient Addition	Π
06	Mechanical Building	П
08	MRI / CT Building	Π
09	Chiller Room Addition	П
10	Cardiac Cath Lab Addition	Π
11	Maternal & Child Health Center	П
	,	—

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01 Buildin	g Name:	Main Building						
Type of Service Provided									
1,750 01 001 1100	7. 1011dou	X	Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
X	Nursing	X	Anesthesia	_					
	IntensiveCare			Obstetrical Recovery		Renal Dialysis			
X	Pediatric/Adol escent		Clinical Lab	Newborn/	X	Outpatient Surgery			
	Psychiatric	X	Radiological/ Imaging	WellBaby					
	Nursing	X	Pharmaceutical	Emergency	X	Central Plant			
	Obstetrical Ante/Postprtum	X	Dietetic	Nuclear Medicine	X	Support Services			
	Intermediate Care	X	Administration						
	Skilled Nursing								

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02	Building Name:	Se	ervice Building					
Type of Service	e Provided								
				Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing			Anesthesia					
	IntensiveCare	,				Obstetrical Recovery		Renal Dialysis	
	Pediatric/Ado	, [Clinical Lab				Outpatient	
	escent			Radiological/ Imaging	Ш	Newborn/ WellBaby	Ш	Surgery	
	Psychiatric Nursing		7	Pharmaceutical		Emergency	X	Central Plant	
	Obstetrical			Thamaocutou					
	Ante/Postprtu	m _		Dietetic	Ш	Nuclear Medicine	Ш	Support Services	
	Intermediate								
	Care			Administration					
	Skilled Nursin	g							

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03	Building Name:	South Wing Addition]
Type of Service	e Provided						
			Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
	Nursing		Anesthesia				
	IntensiveCare			Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol	, L	Clinical Lab			Outpatient	
	escent		Radiological/ Imaging	Newborn/ WellBaby	ш	Surgery	
	Psychiatric Nursing		Pharmaceutical	Emergency	X	Central Plant	
	Obstetrical Ante/Postprtu	m		Nuclear	Х	Support	
	/ into/1 ootpito	''' [Dietetic	Medicine	ш	Services	
	Intermediate Care	Σ	X Administration				
	Skilled Nursin	g					

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	01 Building Name: Main Building									
Configuration Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030										
Type of Servi	ce Provided									
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
	IntensiveCare	Х	Anesthesia		Obstetrical		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery			
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant			
	Intermediate	X	Dietetic							
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services			

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	02	Building Nar	me: Service Building				
Configuration :	Retrofit Non-Confo	rming buildir	ng to SPC 2 and NPC 3	and rem	ove from service by 2030		
Type of Service	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol scent		Clinical Lab		Recovery		
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
I I	Obstetrical Inte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	er: 03	Building Na	me: South Wing Addit	ion				
Configuration :	Retrofit Non-Confo	orming buildir	ng to SPC 2 and NPC 3	and rem	ove from service by 2030			
Type of Service Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
	Intermediate		Dietetic					
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services	

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	: 05	Building Na	me: Outpatient Ad	dition			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Servi	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X I	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	X	Central Plant
	Intermediate		Dietetic		Lineigency	^_	Central Flain
	Care		Administration	X	Nuclear Medicine	X	Support Services
	Skilled Nursing						

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	:: 06	Building Nai	me: Mechanical Buil	ding				
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5					
Type of Servi	Type of Service Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
	Intermediate		Dietetic					
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services	

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	08	Building Na	me: MRI / CT Buildi	ng			
Configuration .	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Servic	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric lursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic	_		_	COMMIT MIN
	are killed Nursing		Administration		Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	09	Building Na	me: Chiller Room Ad	ddition			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service Provided							
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol scent		Clinical Lab		Recovery		
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Inte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic		,		22
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	10	Building Na	me: Cardiac Cath	Lab Addition			
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant
	ntermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	er: 11	Building Na	me: Maternal & Chi	ild Health Co	enter			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5					
Type of Service Provided								
X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery	
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate		Dietetic		Lineigency		Central Flant	
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services	

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Build	ing Number: 05										
Тур	Type of Service Provided										
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy				
X	IntensiveCare	Inpatient Beds	12		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis				
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	X Central Plant				
	Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Support Services				
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		12								

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

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Buildi	ng Number: 06										
Туре	Type of Service Provided										
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
	IntensiveCare	Inpatient Beds	0		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis				
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant				
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services				
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		0								

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Build	ing Number: 08									
Type of Service Provided										
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
	IntensiveCare	Inpatient Beds	0		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services			
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

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Buildir	ng Number: 09									
Type of Service Provided										
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
	IntensiveCare	Inpatient Beds	0		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services			
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

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Buildin									
Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 11 Building Name: Maternal & Child Health Center								
Type of Service Provided								
X	Nursing	Inpatient Beds	34		Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
X	IntensiveCare	Inpatient Beds	40		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery	
X	Obstetrical Ante/Postprtum	Inpatient Beds	6		Pharmaceutical	Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		80					

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Building Number:	5 Build	ing Name: Outp	patient Addition		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 12 Bed	Inpatient 2582 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	12	12

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Building Number:	06 Build	ling Name: Mech	nanical Building		
Medical / Surgical (In	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0 0	

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Building Number:	08 Build	ing Name: MRI	/ CT Building		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	09 Buile	ding Name: Chill	er Room Addition		
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Days	
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days	
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days	
Coronary Care		Chemical Dependency		Building Per Bu	otal Beds this uilding Per ervice
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	0	0

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Building Number: 1	0 Build	ing Name: Card	liac Cath Lab Addition		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	0	0

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Building Number:	11 Build	ing Name: Mate	ernal & Child Health Cent	er		
Medical / Surgical (In	clude GYN)	Acute Respiratory	/ Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 40 Bed	Inpatient 8953 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled		
Inpatient 40 Bed	Inpatient 7828 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	80	80	